



Bib Data Sheet


UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

 Address: COMMISSIONER OF PATENTS AND TRADEMARKS
 Washington, D.C. 20231

SERIAL NUMBER 09/465,592	FILING DATE 12/17/1999 RULE -	CLASS 365 369	GROUP ART UNIT 2824 2631	ATTORNEY DOCKET NO. LAZE-01000US	
APPLICANTS JOANNE P. CULVER, OAKLAND, CA , Deceased; THOMAS F. RUST, OAKLAND, CA ;					
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/112,787 12/18/1998					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 02/17/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		STATE OR COUNTRY CA	SHEETS DRAWING 58	TOTAL CLAIMS 60	INDEPENDENT CLAIMS 3
ADDRESS FLIESLER DUBB MEYER & LOVEJOY LLP FOUR EMBARCADERO CENTER SUITE 400 SAN FRANCISCO ,CA 94114156					
TITLE MOLECULAR MEMORY MEDIUM AND MOLECULAR MEMORY INTEGRATED CIRCUIT					
FILING FEE RECEIVED 805	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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BIBDATASHEET**CONFIRMATION NO. 9065**

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SERIAL NUMBER 09/465,592	FILING DATE 12/17/1999 RULE	CLASS 369	GROUP ART UNIT 2653	ATTORNEY DOCKET NO. LAZE-01000US
APPLICANTS JOANNE P. CULVER, OAKLAND, CA, Deceased; THOMAS F. RUST, OAKLAND, CA;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/112,787 12/18/1998				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 02/17/2000				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 58	TOTAL CLAIMS 60
		INDEPENDENT CLAIMS 3		
ADDRESS 23910 FLIESLER DUBB MEYER & LOVEJOY, LLP FOUR EMBARCADERO CENTER SUITE 400 SAN FRANCISCO , CA 94111				
TITLE MOLECULAR MEMORY MEDIUM AND MOLECULAR MEMORY INTEGRATED CIRCUIT				
FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	



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APPLICANTS JOANNE P. CULVER, OAKLAND, CA, Deceased; THOMAS F. RUST, OAKLAND, CA;				
** CONTINUING DATA ***** This appln claims benefit of 60/112,787 12/18/1998				
** FOREIGN APPLICATIONS *****				
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